

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000220346

**Entity Name:** AL HAFI LLC

**Current Principal Place of Business:**

4207 S DALE MABRY HWY  
3203  
TAMPA, FL 33611

**Current Mailing Address:**

4207 S DALE MABRY HWY  
3203  
TAMPA, FL 33611 US

**FEI Number:** 83-2005317

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AL-HAFI, TAREK  
4207 S DALE MABRY HWY  
3203  
TAMPA, FL 33611 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           AL-HAFI, TAREK  
Address        4207 S DALE MABRY HWY  
City-State-Zip: TAMPA FL 33611

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** TAREK AL-HAFI

**MGR**

**04/29/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date